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INSTITUTE ON MENTAL DEFICIENCY

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A REPORT TO THE BOSS

Ralph H. Rosenberger

One of the reasons why I was so delighted to accept your invitation to be at this annual meeting of yours is that it gives me an opportunity to indulge in a favorite American pastime - Talking Shop. It has always seemed to me that in any well-run business, men ought to sit down from time to time and talk things over with their boss. Now a lot of people may think that I'm one of the bosses of the Annex for Defective Delinquents, but of course, I'm not, in reality you are. You members of the organization of Social Welfare and your colleagues in this specialized profession are our principal stockholders. You are our principal customers, and so it is you and your colleagues who determine just what kind and quality of product we shall turn out. It is you that are responsible for our policies and objectives. You get all of our products and we as the Annex for Defective Delinquents exist to serve you and we shall continue to exist only so long as we serve you to your satisfaction. So you are the boss and my purpose in coming here this afternoon is to discuss with you some of our mutual problems.

Now our mental problems at the moment boil down to just one undeniable fact: you have had people in your community that could not adjust without Institutional Training and so you have sent them to us for retraining and we in turn are to send them back to you for social adjustment.

I'm here to discuss our program of retraining with you. Not to try to convince you that we have all the answers, but to sit down and talk shop with my bosses.

First, I want to tell you how we happened to get into the business. In July 1945, our population because of the war was low. We had room in our Institution, Fairbault was fairly bursting at the seams and over crowded. There was talk of building a new Institution, but this was not the logical time to build. So after looking around the legislature sat down and with a stroke of the pen designated us as the new Annex for Defective Delinquents. That's how we were born. A short time later the Director of Institutions came down and arranged for a transfer of patients to our Institution and we were launched in the business.

To say that we were lost and struggling in the dark is to put it mildly. You see we were sort of jarred out of our smugness and rocking chair complacency. To say that we resented this intrusion is a gross understatement. To say that we had many problems that needed immediate solving is again a mild statement. We decided that they couldn't do this to us, but they did. After sitting around and representing for awhile a red letter day came along. That is the day the staff got together and decided to accept the challenge. We decided that we were going to have the best program that our physical facilities and our staff could possibly provide.

In one way we were at a disadvantage. We were starting from scratch. Our training program was not geared to a defective level. I believe that what started out to be a disadvantage finally turned out to be our biggest asset. We had no basis on which to start, but we also were not burdened with out moded customs or traditions, that we had to live up to. We could do just about what we wanted to do. So we set about learning the business. Fortunately I was about to leave for California. While there, I had an opportunity to talk with interested professional people in the field. I came back with some ideas. Mr. Whaittier and I had an opportunity to travel to Boston and look over some of the Institutions that had been in the business for a long time. Along with some others we visited Napanock, in New York state, the largest Institution dealing with defective delinquents only, in the United states. Some of the things we saw we liked others we disliked. At any rate we were getting ideas. Meanwhile, we started attending your meeting on a County, State and National level, getting ideas. We visited with you people both in your offices and in our

institution. We contacted the University, the State Department of Education, psychologists, teachers, psychiatrists. We got a tremendous amount of help from Faribault, Owatonna and Miss Thomson's office. We were reading the literature in your fields. We attempted to get both the theory and the practical picture.

From this our present program evolved. I don't suppose there is an original idea in our whole program. We begged - borrowed and stole our general objective, our principles of procedure and our general organization from you and your colleagues. The only thing that I could credit our staff with, is the desire to meet the challenge and to end up with the best. Our motto is that we will try anything once.

I want to spend the few remaining moments rapidly giving you our major objectives and plan of organization.

COURSE OF STUDY FOR DEFECTIVE DELINQUENTS

INTRODUCTION

When using this plan, remember that the teaching of the fundamental academic skills is a secondary objective. The adult mentally retarded who become institutional cases are usually lacking in a social-moral sense. Ignorance of the fundamental academic skills is not the real cause of their difficulties. Therefore, the main objective is the awakening, training and strengthening of the patients' sense of social and moral responsibility.

The adult mentally retarded patients who have the ability are encouraged to seek out information for themselves by our making available to them pictorial stories, health literature, a simple and well-illustrated library and easy books on the regular academic skills. Sound judgment must be used in selecting reading material, for though many of the actions of the mentally retarded are decidedly juvenile, they resent any attempt to force on them literature which hints, however remotely, at "talking down" to them.

Though the emphasis is on those projects which inspire one with a respect for authority and the rights of other people, it must not be concluded that reading, spelling, writing and arithmetic are to be ignored entirely. These skills should be taught in conjunction with and as an outgrowth of the citizenship projects. Of prime importance and something which must be done before the teacher can expect adult mental patients to want to read, is to create a strong interest in the subjects which are discussed by the teacher. Constant repetition is the best assurance any teacher can have that his objectives are to be successful with the adult mentally retarded. Once the mentally retarded patients have acquired some knowledge of the subject being taught, through lectures and class discussions and life situations, they will have the motivation which is necessary for them to see the importance of gaining such skills as reading, writing and arithmetic. For example, when the teacher believes that his patients have a fair understanding of the necessity and desirability of budgeting their earnings, then would be the time to teach some simple arithmetic so that the patients have no cause to worry about the admission of arithmetic into their lives.

Much of the success of retraining mentally retarded adults depends on the patience, understanding and imagination brought into the program by the leader. At best this course of study is merely a suggestive guide and does not begin to cover the many possibilities within each general field. The staff, therefore, must be willing to expand each phase of this plan to bring out the desired results. The flexibility of this course makes it possible for the instructor to select for presentation whichever phase he believed to be pertinent and important to the instructing of his group at any particular time.

In conclusion we have been guided in organizing this plan by the belief that the major objective of any plan designed primarily for the retraining of the adult mentally retarded should be concerned with giving the patients a broader and clearer conception of their relationship to society. All projects, discussions and lessons should deal with actual life situations and, through proper guidance, should arouse in the patients a healthy attitude toward these situations. Through constant drilling and repetition of the desired reactions we hope to gain our objective, that is, an understanding of good and bad, right from wrong.

I. GENERAL OBJECTIVES OF PLAN

- A. To develop in the patient those traits important in helping the mentally retarded to make his way into the world a pleasant manner, well ordered habits of industry and persistence, care of ones' personal appearance, ability to get along with people.
- B. To acquaint the patients with basic health information, more important civic and social relations, and the proper use of leisure time. Citizenship, moral and ethical character, and worthy home membership are a few of the elements required for the social relations.
- C. Practical efficiency in reading, spelling, handwriting, and arithmetical computation is not a distinct objective in this course. Instead of being an objective related to some main aspect of life, as are health; social-civic efficiency; and worthy recreation; this is an objective dependent upon the degree of efficiency acquired in these main aspects of life.

II. PLAN OF PROCEDURE

- A. The interests, capacities and needs of the individual patients on an individualized basis are the determining factors for the specific classification and work placements.
- B. Participating in cooperative enterprises related to health, civic, social, occupational, educational and recreational activities are a must.
- C. Building habits and skills in reacting to life situations which will more or less become automatic forms of behavior is our ultimate goal.

III. SPECIFIC OBJECTIVES

- A. Health Education
- B. Personality Building
- C. Mental Health
- D. Citizenship
- E. Vocational Education
- F. Social Education
- G. Dignity of Labor